PHYSICIAN DIVERSION PROGRAM

Medical Board of California MARCH 2006

California's Physician Diversion Program recently celebrated its 25th year. On January 1, 1980, legislation became effective which mandated "that the Medical Board of California seek ways and means to identify and rehabilitate physicians and surgeons with impairments due to abuse of dangerous drugs or alcohol, or due to mental illness or physical illness, affecting competency so that physicians and surgeons so afflicted may be treated and returned to the practice of medicine in a manner which will not endanger the public health and safety."

What is the Diversion Program?

The Diversion Program is a statewide, highly structured, multifaceted, five-year monitoring and rehabilitation program. It is administered by the Medical Board of California to support and monitor the recovery of physicians who have substance abuse or mental health disorders.

Physicians enter the Diversion Program by one of three avenues. First, physicians may self-refer. This is often the result of encouragement by concerned colleagues or family members for the physician to seek help. Second, physicians may be referred by the Enforcement Unit of the Medical Board rather than pursuing disciplinary action. Finally, physicians may be directed to participate by the Medical Board as part of a disciplinary order.

Program Staff and Locations

The Diversion Program headquarters is in Sacramento. The program manager, program specialists and support staff are in this office.

All participants are assigned to a locally based case manager who coordinates their participation, supports their recovery, and monitors compliance with their participation agreement.

Most participants attend local, professionally facilitated group meetings. These diversion groups meet in 16 locations throughout the state.

Success Rate of Participants

To successfully complete the Diversion Program, a participant must be alcohol and drug free for a minimum of three years and have demonstrated a lifestyle that will support ongoing sobriety. In mental health cases, a participant must have been compliant with treatment recommendations and have demonstrated a lifestyle that will maintain stability.

Confidentiality

The statutes establishing the Diversion Program **require** the confidentiality of all participants who enter the program voluntarily. The names of participants who have been ordered into the Diversion Program as part of a disciplinary action are public record.

Diverting Physicians From Discipline

Legislation allows a physician to participate in Diversion, in lieu of discipline, if the violations are related to the self-administration of alcohol and other drugs, and there is no evidence of patient harm. Physicians who are alleged to have violated statutes related to the self-abuse of alcohol or other drugs may have their cases closed if they enter and successfully complete the program. The legislation also allows the Medical Board to continue to investigate and take disciplinary action against a physician who is enrolled in the program for violations unrelated to the substance abuse disorder.

When a physician requests entry to the Diversion Program, staff must check for any board action against the physician. In instances where there is an open investigation or other related action, approval by the chief or deputy chief of enforcement is required for physicians to participate in the program.

Self-Referrals

Approximately 50 percent of the physicians who participate in the Diversion Program are self-referred and do not have any board action against them. These physicians often request entry to the program at the urging of a hospital, colleague, or family member. By encouraging substance abusing physicians to enter the Diversion

MBC Mission Statement

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

Program prior to complaints being filed, public safety and protection are enhanced and these physicians are provided an opportunity for rehabilitation.

Self-referrals receive the same level of monitoring and care as physicians who have been referred by the Medical Board.

Costs and Fees

The costs associated with the administration of the Diversion Program were approximately $1.194 million in the 2004-2005 fiscal year. These administrative costs are funded by the Medical Board through physician licensure and renewal fees.

Participants are responsible for any treatment and recovery related expenses such as hospitalization, drug testing, group meetings, individual therapy, evaluations, personal physician care, etc. However, no licensed physician is denied participation in the program because of an inability to pay. Diversion Program staff often can assist in finding treatment resources for a physician who truly cannot pay.

DIVERSION PROGRAM COMPONENTS

- Confidentiality
- Five-year participation
- Diversion Participation Agreement
- Diversion Evaluation Committee meetings
- Facilitated Diversion group meetings
- Case management
- Random, observed body fluid testing
- Abstention from alcohol and psychotropic drugs
- AA/NA/or other 12-step meetings
- Inpatient/outpatient treatment
- Worksite monitor(s)
- Hospital monitor(s)
- Ongoing psychotherapy
- Antagonist medications
- Psychiatric medical examinations
- Psychological testing
- Continuing education in chemical dependency or mental health
- Semi-annual reports
- Progress reports: therapists, monitors, treating physicians

Monitoring Physicians

Participants are closely monitored while in the Diversion Program. A wide variety of monitoring components are used to promote patient safety and provide strong support for the physician's recovery. Included among those monitoring components are: a five-year Diversion Agreement; Diversion Evaluation Committee; group facilitators; case managers; and drug testing. A comprehensive list of monitoring components is a boxed item on this page.

Diversion Agreements

Each physician signs a Diversion Agreement that contains the specific provisions that he/she must follow while in the program. The agreement is tailored to each individual. However, in general, most physicians enter inpatient treatment programs, attend two Diversion group meetings and a minimum of three AA or NA meetings each week, submit to random drug tests at least four times a month, have hospital and work-site monitors, agree not to practice medicine if requested, and agree to remain in the program for five years.

Diversion Evaluation Committees

The Diversion Program uses evaluation committees referred to as the Diversion Evaluation Committee (DEC) to determine appropriateness for participation, terms of participation and successful completion or termination from the program. There are three DECs serving Northern California and four DECs serving Southern California. Each committee consists of three physicians and two public members appointed by the Medical Board. These experts have extensive experience in the treatment and recovery of substance abuse disorders and mental illness. Each committee meets five times a year. DEC members also provide consultation to Diversion Program staff regarding participants.

Group Facilitators

There are 13 group facilitators with meetings in 16 locations throughout the state. These professionals are licensed psychologists, therapists or certified drug and alcohol counselors who facilitate semi-weekly Diversion Group meetings for program participants.

The Diversion group facilitator is responsible for groups that may range from six to 12 participants. The number of groups each facilitator manages varies depending on the number of participants in the area. A facilitator may only have one group or, in some areas, may facilitate as many as five.

Facilitators are paid directly by participants. To keep group costs as affordable as possible, meeting fees are, on average, lower than the fee charged by most private therapists statewide. Each participant pays the facilitator $322 per month for two meetings per week or $225 per month for one meeting per week. The fee also covers the cost of a facilitator participating in consultations, report writing, and attendance at DEC meetings.

Case Managers

The role of the case managers is to ensure that the participants who are assigned to them comply with the provisions of their Diversion Agreements, and are solidly in the recovery process. The case manager has direct contact with each participant every four to eight weeks. The case manager also coordinates information from all monitoring and treatment sources. When appropriate, the case manager consults with the assigned DEC Case Consultant. The case manager may also refer the participant to the full DEC for reevaluation.

Drug Testing

A minimum of four body fluid specimens are collected each month for drug testing. More frequent samples are collected if there is concern about a participant's use of alcohol or other drugs.

The customized drug screening includes 22 screens per test, and detects the drugs commonly used by physicians. Some of the confirmation screens include many

(Continued on page 5)

What Are the Warning Signs of a Physician with an Alcohol or Drug Problem?

Phyisicans who are chemically dependent do well at hiding their alcohol or other drug addiction problems, and colleagues often do not recognize the signs of chemical dependency. Some of the signs that frequently indicate an addiction problem are:

Personal

Deteriorating personal hygiene and dressing habits
Multiple physician complaints
Frequent E.R. visits
Frequent accidents and hospitalizations
Personality and behaviorial changes
Inappropriate tremulousness and/or sweating
Many prescriptions for self and family
Emotional crises
Irritable and short-tempered behavior

Home and family

Behavior excused by family and friends
Making drinking activities a priority
Fights, arguments, violent outbursts
Sexual problems: impotence, extramarital affairs
Withdrawal from family and fragmentation of family
Neglecting children:
abnormal, illegal, antisocial actions of children, including alcohol and drug abuse
Financial crises
Separation or divorce
Unexplained absences from home

Friends and community

Personal isolation
Embarrassing behavior
Drunk driving arrest(s)
Legal problems
Neglect of social commitments
Unpredictable behavior, such as inappropriate spending

Office

Workaholism
Disorganized schedule
Unreasonable behavior
Inaccessibility to patients and staff
Frequent office absences
Decreased workload and tolerance
Excessive drug use - prescriptions and supplies
Excessive ordering of drug supplies
Frequent complaints by patients to staff regarding physician's behavior - altercations with patients
Prolonged lunch breaks
Alcohol on breath

Hospital

Often late, absent or ill
Decreased work/chart performance
Inappropriate ordering
Unavailable for verbal orders at night
Slurred or incoherent speech over phone
Subject of hospital gossip regarding behavior
Unavailable for discussions
Heavy drinking at staff functions
Altercations with hospital personnel
Rounds at inappropriate times
Negative patient feedback

Other professional problems

Frequent job changes or relocation
Unusual medical history
Vague letters of reference
Inappropriate qualifications
Deteriorating relationship with patients and staff (hospital and office), deterioriating professional performance, increasing malpractice incidents

Drug or Alcohol Problem? Mental Illness?

If you have a drug or alcohol problem, or are suffering from a mental illness, you can get help by contacting the Medical Board's confidential Diversion Program. Information about a physician's participation in the Diversion Program is confidential. Physicians who enter the program as self-referrals without a complaint filed against them are not reported to the Enforcement Program of the Medical Board. Contacting the Diversion Program does not result in the filing of a complaint with the Medical Board.

ALL CALLS ARE CONFIDENTIAL
www.caldocinfo.ca.gov
(916) 263-2600 / (866) 728-9907 (toll-free)
Medical Board of California
Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825

One Physician's Recovery From Drug Addiction

by JoEllen V., M.D.

I was born in 1955 in Cincinnati, Ohio. My father is a family practitioner and my mother is a registered nurse. I was to become the oldest of nine children. Despite an early appreciation and strength in taking on necessary responsibilities for a large family as well as doing well in school, my emotional and social maturity lagged. I was always large for my age and this along with my shyness led to a lot of teasing in grade school resulting in poor self esteem.

I learned very early to suppress my depression and loneliness and hide from my feelings by earning recognition and praise through busy work at home and high marks in school. I often justified my lack of involvement with extracurricular activities by excusing myself due to duties required at home. I carried this attitude into adulthood remaining very shy with poor social skills. I had a few good friends but learned to keep relationships at a distance where I felt safe and most comfortable.

During my college years while studying pre-med and nursing as possible future professions I began using amphetamines. I never thought of diet pills as harmful or habitual; they curbed my apptetite and allowed me to study for longer periods of time which to me equated with better grades. In 1976 during my third year of college I met an enrapturing man who showed me incredible interest. Although my family protested our relationship we were engaged a year later and went our separate ways, he to University of

Although I had been warned by the Medical Board about my behavior and potential consequences even their (sic) threats did not stop me.

Michigan to study law and I to Indiana University to study medicine. Throughout med school I continued to rely on diet pills as a solution to continue the incredible studying required. Somehow the loneliness and stress of school was numbed by the affect of the drug. I do remember running out of the pills on a few occasions and feeling a little sick, however, I never consciously considered addiction and withdrawal as possible issues.

Our three-year engagement was mostly a phone relationship with few visits allowed due to our busy schedules but despite ongoing criticism by my family we were married in 1980, two weeks after my husband completed law school. We moved the same day to San Francisco, California where my husband immediately began studying for the Bar exam and I was left to find my way around the city alone. Soon thereafter I began my last year of medical school at UCSF not knowing anyone there and feeling isolated from friends and family. When my husband was not studying for his exam nor working feverishly in the busy law office where he had been hired, we attended social functions with his new friends. It wasn't long after our marriage that he began making negative comments on my hair, my dress, my weight, my lack of conversation. I was suddenly hearing from the man who

In December of 1989, I was informed that my medical license was revoked; I stayed in bed that day not even showing up for my hearing.

supposedly loved me that I didn't fit in, the same belief I had always kept to myself and which caused me a great deal of pain and unhappiness. I no longer had access to amphetamines which helped numb these feelings. Because my family had objected to the marriage I didn't tell them that I was unhappy and had made a mistake. Divorce was never considered due to my religious upbringing. I simply hoped and prayed that somehow things would get better.

In 1981 I graduated from medical school. My husband did not attend the ceremony; he was too busy. A month later I started my three-year postgraduate training in internal medicine in San Francisco. Early in my internship year I suspected that my husband was having an affair. When confronted he completely denied any involvement however there was ongoing activity to make me worried. One night after getting home from the hospital my husband offered me a line of cocaine. I had never seen him use drugs nor alcohol to excess. Still very naive to substance use I snorted that line and immediately felt release, comfort

The road back has not always been an easy one, however, I cannot imagine a more fulfilling experience. Recovery has truly transformed my life.

and peace, the feelings that I had felt and missed from amphetamines. With ongoing use the pain and unhappiness of not satisfying my husband seemed to not matter anymore.

It was not long before occasional use led to regular cocaine snorting binges. When our noses could not take any more abuse we found a new route, rocking and smoking cocaine. Once very responsible, we both began making excuses for our absenteeism for work, social and family gatherings. In 1984 I finished my residency program and began working in an urgent care clinic. We both were making a lot of money but most was being spent on cocaine. In order to function we both also became addicted to downers. In 1995 my husband was asked to resign from his position in the law firm and in 1996 he was disbarred for illegal behavior all secondary to the destructive nature of drugs and addiction. My own erratic behavior led to frequent job changes. The depressive withdrawals from cocaine led to frequent verbal and physical abuses and fear was often my motivating force to work, buy drugs and write excessive prescriptions.

In 1996 I suffered a grand mal seizure from a benzodiazepine withdrawal and

was taken to an emergency room in San Francisco. There for the first time I heard the suggestion by the attending to self refer to the California Medical Board Diversion Program. I was given the phone number and party to contact however I did not follow through. Instead my husband and I tried a geographical move to Los Angeles only to find it just as easy to score drugs there. After six months we moved back to San Francisco now beginning our lives living in hotels and only with those belongings that we could carry. Long gone were the fancy addresses, clothes, jewelry, and cars. Now it was all about survival in an empty, drug crazed world. Although I had been warned by the Medical Board about my behavior and potential consequences even their threats did not stop me. I would frequently escape from the existence with white lab coat and stethoscope only to return to the nightmare. In December of 1989 however I was informed that my medical license was revoked; I stayed in bed that day not even showing up for my hearing.

Over the next three years I would spend over six months in jail and face 27 felony convictions for prescription writing, narcotic possessions and narcotic sales. Despite the fact that I was on felony probation with urine monitoring I continued to use. By this time my husband and I were living a day to day existence in the seedy Tenderloin district of downtown San Francisco often pushing a shopping cart of our belongings, standing in food lines and selling drugs in order to survive one more night in another dark depressing Tenderloin hotel room with hopefully some crack cocaine to help numb the despair, guilt and shame. My family tried desperately on many occasions to rescue me from this life but I could see no way out of the ever deepening hole which I had created and that held me captive.

In July 1992, I suddenly faced this existence alone after my husband was arrested. With the threat of prison time I took the suggestions of my probation officer and entered treatment. I remember literally walking out of the Tenderloin district with a bag of possessions over my shoulder and walking to the program. There I began to face my many demons and slowly heal. I was reunited with my loving family and learned how to face my problems without drugs. After a year in treatment I even began working for the program as an assistant in the medical department gradually advancing my way up as manager. After two years in treatment I graduated from the program in 1994, divorced my husband who was unfortunately still involved in the drug lifestyle and, thanks to the process of recovery, began thinking about my future.

Despite being quite happy with my life as it existed, I often dreamed of practicing medicine again. With the support of my family and many friends I had made in recovery I undertook the challenge. In January 1998 I was granted re-licensure of my California medical license. One of the terms of my probation was to be evaluated by the California Medical Board Diversion Program and in October of 1998 was accepted into their program. With the incredible support of this group as well as other aspects of my program including AA, my other friends in recovery, my ongoing attachment with my treatment center, my family and the love of my fiancee, I have faced many of my fears. I am now job searching for a position back in primary care medicine.

Thanks to the recovery process I am happier now than ever before. The road back has not always been an easy one, however, I cannot imagine a more fulfilling experience. Recovery has truly transformed my life. I am not proud of my past but am extremely grateful and humbled by life's experiences and look forward to ongoing growth, challenge and acceptance.

Current Active Participants by Specialty 06/30/05

Administrative Medicine	0
Anesthesiology	49
Cardiology	4
Dermatology	1
Ear, Nose and Throat	3
Emergency Medicine	27
Family Practice	40
General Practice	17
Internal Medicine	41
Neurology	6
Obstetrics/Gynecology	11
Ophthalmology	1
Orthopedics	10
Pathology	3
Pediatrics	14
Plastic Surgery	4
Psychiatry	18
Radiology	8
Surgery	11
Thoracic Surgery	1
Urology	2
Total	285

Primary Drugs of Choice 06/30/05

Alcohol	119
Vicodin	33
Cocaine	16
Demerol	27
Fentanyl	27
Amphetamines	10
Marijuana	3
Narcotics (other than Demerol, Fentanyl and Vicodin)	28
Other	22
Total substance abusing participants	285

(Most participants are poly-drug abusers.)

Current Active Participants by Gender 06/30/05

Male Participants	250
Female Participants	35
Total	285

(Continued from page 2)

subcategories. For example, the screen for benzodiazepines detects a dozen different benzodiazepines. When a participant is suspected of using other drugs not included in the screens, additional tests are ordered. A new testing panel, for alcohol (Etg) has also been added to the available categories. The current cost of testing specimens by the forensic toxicology laboratory is approximately $240 per month including confirmations. The collection fee is an additional $25.

Prevalance of Alcoholism and Drug Addiction

Physicians are as susceptable to alcohol addiction as the general population and may be more vulnerable to other drug addition because of access to and familiarity with addictive, mood altering drugs. The drugs most frequently abused by physicians seem to be proportionate to the availability and familiarity of a particular drug in a treatment or social setting. As in the general population, the drug most frequently abused by physicians is alcohol.

Because the populations of those abusing alcohol and other drugs often overlap, and because of the illegality of drug abuse, it is difficult to derive a meaningful prevalence rate for substance-related disorders. However, many believe the total percentage of persons who may abuse alcohol or drugs during their lifetimes exceeds 15 percent. Additionally, those with expertise in the substance abuse treatment and recovery field who work with healthcare professionals estimate the lifetime risk for developing a problem of abuse among health professionals may be as high as 18 percent.

Estimates of prevalence often are misinterpreted to indicate that all of the abusing population are addicted and need treatment at the same point in time. Therefore, it is important to know, although the lifetime risk for abusers may be 15-18 percent, the percentage of those with substance-related disorders who need treatment at any given time is closer to 1-2 percent of that population.

Current Active Participants by Problem 06/30/05

Alcohol Abuse	64
Alcohol and Other Drug Abuse	58
Mental Illness	5
Mental Illness and Substance Abuse	71
Other Drug Abuse	87
Physical Illness	0
Total	285

Physician Substance Abuse Persists

To assess what has been accomplished in California to address the substance abuse problem among physicians, we can examine the number of physicians in California who have been identified since 1980 for addiction problems and those who are currently being treated. Approximately 2,000 physicians have contacted the Diversion Program since 1980. An informal study in 1990 leads us to believe that there are at least another 2,000 physicians who have sought recovery outside the Diversion Program. Therefore, it is estimated that at least 4,000 physicians who have received treatment or been identified since 1980, out of the estimated 21,600 (18 percent of 120,000 physicians with medical licenses in California), may abuse alcohol or drugs during their lifetime.

If it is assumed that approximately 2 percent (or 2,400) of the licensed physician population practicing in California needs treatment at any one time, and assumed that approximately 317 within diversion and 317 outside are being treated, it is evident that we are making notable efforts to address the problem.

Current Participants 03/01/00

Active Participants	285
Applicants being Evaluated	31
Total	316

Dealing with an Alcohol or Drug Problem?

Current law does not require a physician to report another physician suspected of substance abuse. However, the principles of medical ethics and current opinion of the American Medical Association Council on Ethical and Judicial Affairs address this issue. They require physicians to report a peer who is impaired, or has a behavioral problem that may adversely affect his or her patients or practice of medicine, to a hospital well-being committee or hospital administrator, or to an external physician health program such as the Diversion Program.

Some options which may be considered are:

1. **If the suspected physician has hospital privileges, a colleague can inform the hospital well-being committee.**

Each hospital is required by regulation to have a well-being committee to assist physicians who are impaired. The committee's function is to assist physicians in a rehabilitative manner and to provide encouragement for them to seek help. Many well-being committees refer physicians to the Diversion Program for monitoring of their recovery. Diversion case managers maintain contact with a hospital monitor and a well-being committee member to advise them on how the participant is progressing in the program. The Diversion Program can benefit hospitals by monitoring physicians for them. Referrals to diversion also demonstrate that the hospital has taken a major step to protect patients.

Hospitals that initiate disciplinary action as a result of self-abuse of alcohol or drugs, and suspend a physician's privileges for more than 15 days, must report the situation to the Medical Board per Business and Professions Code section 805. If the incident does not result in a disciplinary action, and self-abuse is suspected, hospitals are encouraged to inform the physician about the Diversion Program.

2. **Make a complaint to the Medical Board.**

To request a complaint form, call (800) MED BD CA (633-2322) or visit the board's Web site at www.caldocinfo.ca.gov. The complaint can be reported anonymously or you may identify yourself. The Medical Board will investigate the case and if the allegation involves only alcohol or substance abuse, the physician will be referred to the Diversion Program.

3. **Confront the physician about your observations.**

This may be very difficult for most colleagues and medical staff. Because a major aspect of substance-related disorders is denial, you should be prepared for the physician to have an explanation for the problem you have observed and an excuse for his/her use. You may want to discuss with a staff person in the Diversion Program some approaches you can use and resources that are available. Conversations with Diversion Program staff are confidential.

4. **Call the California Medical Association (CMA) Hotline at (650) 756-7787 in Northern California or (213) 383-2691 in Southern California.**

You will be connected to a network of local physicians who either have experience dealing with chemically dependent health professionals or who are recovering themselves from a substance-related disorder. These local networks are confidential and independent from the Medical Board or the CMA.

Protecting the Public and Saving Costs

Sixty percent of the physicians currently in the program entered diversion prior to a complaint being made to the Medical Board, and prior to the physician violating any laws or professional codes. This means that the physician is being monitored and is seeking treatment an estimated one to two years earlier than if he/she had waited until a disciplinary action was initiated.

This group of self-referred physicians saves the Medical Board up to $29,000 per physician because the board is not accruing debt for investigative, Attorney General, or hearing officer services.

The Diversion Program also provides greater public protection when a physician, who is the subject of a complaint, enters the Diversion Program. While the complaint is being investigated, the physician is being monitored and treated during the investigative process. In many cases, the physician is temporarily taken out of practice by the Diversion Program during this time.

How a Physician Enters the Diversion Program

A physician may enter the Diversion Program by calling the Sacramento office at **(916) 263-2600** or toll-free **(866) 728-9907**. The physician will be referred to a local diversion group facilitator in his or her area and be asked to immediately attend diversion group meetings. The physician will meet with a Diversion Program case manager and be scheduled for an evaluation by a Diversion Evaluation Committee. Hospitals or colleagues who request that a physician enter diversion can receive verification of the physician's enrollment by requesting that the physician give the Diversion Program permission to inform the hospital or colleague of their application.

Confidentiality of the Program

Information about a physician's participation in the Diversion Program is confidential. Physicians who enter the program as self-referrals without a complaint filed against them are unknown to the Enforcement Program of the Medical Board. However, if such a participant is terminated from the program and the Diversion Evaluation Committee determines that the physician poses a danger to the public, notification is sent to the Enforcement Program of the board for appropriate action.

Frequently Asked Questions

What is the Diversion Program?
It is a program administered by the Medical Board of California (MBC) to monitor the recovery of physicians who have an alcohol or other drug addiction or who have a mental disorder.

Who is eligible for the Diversion Program?
Any California licensed physician who has an alcohol or drug addiction or mental disorder, and who is deemed appropriate to enter the program by a Diversion Evaluation Committee, is eligible for the Diversion Program.

Will a physician's license be affected if he/she is in the Diversion Program?
A physician's license is not affected as a result of being in the program.

Are some physicians required by MBC to be in Diversion?
About 25 percent of current Diversion participants are required to be in the program by MBC. Another 25 percent are participating in lieu of MBC disciplinary action.

Will the Enforcement Program know if a physician is in the program?
The Enforcement Program does not know a physician is in the Diversion Program if no complaint has been filed. However, if a physician is unsuccessfully terminated from the program and is determined to be unsafe to practice medicine, the Enforcement Program will be notified of that physician's unsuccessful completion of the program.

How does a physician apply to the Diversion Program?
The process begins when the physician calls the Diversion Office in Sacramento at (916) 263-2600 or toll-free at (866) 728-9907. The physician is requested to attend local physician group meetings. An intake interview is conducted and a meeting with the Diversion Evaluation Committee is scheduled.

Physician Diversion Program
Medical Board of California
1420 Howe Avenue, Suite 14
Sacramento, CA 95825
(916) 263-2600
Toll-free (866) 728-9907
Fax (916) 263-2607